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November, 12, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Pentazocine/Naloxone 50-0.5 mg #90 one tablet every four hours, refills 3

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Pain Management Physician

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his lower back on xx/xx/xx, while working.

On, evaluated the patient for chronic low back pain, status post L3 to L5 fusion and lumbar instrumentation removal in. The patient had developed lumbar spondylosis/facet syndrome above the fusion. The patient was also status post L2-L3 decompression and fusion with posterior instrumentation and L3-L5 pseudoarthrosis repair on. The patient had now developed a post laminectomy syndrome and continued to have pain rated from 3 to 6/10. Sacroiliac (SI) joint injections had significantly improved his functional level from 3 to 5. The patient continued to take Talwin NX, gabapentin, amitriptyline and chlorzoxazone for flare-ups of spasms. The patient was allergic to multiple medications including hydrocodone, erythromycin, latex, Benadryl, Neosporin, Sulfa, Celebrex, Soma, Coumadin and Flexeril. The Talwin NX had been denied. stated the reason for denial was the fact that Pentazocine was not recommended for treating chronic pain.

In a follow-up on the patient reported low back pain and lumbar radiculitis, left greater than right. the patient stated the SI joint injections, resulted in 80% improvement but now it was approximately 60%

as a slight amount of pain had returned. He continued to take Talwin, gabapentin, amitriptyline and chlorzoxazone. Examination showed him to be slightly tender over the bilateral SI joints, hypesthesia in the left L5-S1 distribution. Lumbar forward flexion was 80 degrees and extension 10 degrees. Straight leg raising (SLR) was positive on the right at 80 degrees producing right lower back pain and on the left at 70 degrees. The diagnoses were sacroiliitis with excellent improvement, status post lumbar instrumentation removal, lumbar facet syndrome above the fusion, status post L3 to S1 fusions by, status post L2-L3 decompression and fusion with posterior instrumentation and L3-L4 pseudoarthrosis repair. Pain diaries were exchanged. The patient was to continue the current medications.

According to a medical conference note dated had a conference with the peer physician and they decided to have a trial of tramadol ER 100 to 300 mg b.i.d. as well as baclofen b.i.d. for a trial. They also discussed SI joint injection, but that would never be approved due to negative examination findings.

According to chart note dated, the patient was being followed by for chronic low back pain and sacroiliitis. He had tried multiple medications for pain. Currently, he was doing excellent with Talwin NX.

On, the patient was seen in follow-up. It was noted the patient's Talwin and chlorzoxazone were denied by the insurance carrier because there was no documentation of any additional improvement. His adjuster had suggested baclofen and Ultram ER; however, the patient was allergic to Ultram ER, had a rash, and was not able to take it. A trial of baclofen was recommended. suggested a Benefit Review Conference for his Talwin NX.

On, wrote a letter for preauthorization for continued use of Talwin NX q 4 lo 6 hours p.r.n. for his chronic pain and sacroiliitis. stated, "This patient is being followed for chronic low back pain. He was working as a sign carrier for injuring his low back. He is status post L3 to LS fusions and had his lumbar instrumentation removal. He has developed lumbar spondylosis/facet syndrome above his fusion. He is also status post L2-3 decompression and fusion with posterior instrumentation and L3-4 pseudoarthrosis repair. He unfortunately has developed a postlaminectomy syndrome and continues to have pain rated from 3 to 6/10, as little as 3 with his medications, as much as 6 without his medication. He does well with SI joint injections, which has significantly improved his functional level from a 3 to a 5. He has consistently submitted random toxicology screens. He keeps pain diaries noting his least pain, most pain and functional scale three separate days a week. The patient continues to show no signs of overuse, addiction, or misuse of the medication. He is allergic to many other pain medications including codeine, hydrocodone and Ultram. He has signed and is abiding by his pain contract. felt that we have not met the criterion. His medical records show that the patient indeed signed a pain contract and is abiding by its requirements and has volunteered for random toxicology screens which have been consistent with his medication and no illicit drugs."

On an unknown date, a preauthorization request was made for pentazocine/Naloxone 50-0.5 mg #90 with three refills.

According to a utilization review, the request for pentazocine/Naloxone 50-0.5 mg #90 one tablet every four hours with three refills were denied. Rationale: *"Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is noncertified. Guidelines state that pentazocine is not recommended for the treatment of chronic pain because of its ceiling effect for analgesia that results in the analgesic effect not increasing with dose escalation. In addition, the medical records reviewed did not clearly indicate objective function improvement derived from the use of pentazocine."*

In a letter requested reconsideration for Talwin NX. stated, "*On his last pain comfort assessment guide, the patient stated he received 40% complete relief of his pain with the Pentazocine as well as Gabapentin. The patient has shown no signs of misuse, overuse or abuse. The patient cannot tolerate many of the medications that would give this adequate pain relief for the patient and allow him to perform activities of daily life. Therefore, we are appealing this denial who felt that there was no evidence to support the additional need of Pentazocine. Talwin is a synthetic narcotic and agonist; antagonist is the only thing that the patient can take that does not cause excessive side effects and/or allergies. The patient has tried to wean himself off the Talwin and has been stable for quite some time. He has signed a pain contract and abides by those stipulations. He also has subjected himself to random toxicology screens, which have been consistent. This will be repeated on his next office visit. He has shown no sign of abuse, overuse or increased demand for medication. Therefore again we are appealing this adverse determination.*"

On stated over the last month, the patient and xxxx had tried to totally wean himself off his current medication. The patient had essentially become functionally disabled, as he is allergic to any of the codeine, hydrocodone, oxycodone, etc. xxx xxxx stated even the morphine actually does not do much good for the patient although he has never developed a rash to it. His current medications were listed as gabapentin 600 mg, chlorzoxazone 500 mg, pentazocine 50-0.5 mg, Prilosec and amitriptyline HCl 50 mg.

On, the reconsideration request for pentazocine/Naloxone 50-0.5 mg #90 one tablet every four hours with three refills were denied. Rationale: *"Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified; ODG does not recommend the use of pentazocine for chronic pain due to its ceiling effect for analgesia that results in the analgesic effect not increasing with dose escalation. In addition, ODG recommends an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Objective functional improvement from the use of pentazocine was not clearly documented to support continued use."*

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The ODG does not support use of long term Talwin. Commonly accepted medical criteria do not support usage of short acting agents for long term management of pain.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**